



United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI
 C Z A P e n s k i L e o Y

MAILING ADDRESS
 (b) [REDACTED]

CITY STATE ZIP
 (b) [REDACTED]

AREA CODE TELEPHONE COUNTY OFFICE USE
 (b) [REDACTED]

EMAIL ADDRESS (optional) a p h s . u s d a . c o v
 L e o n C Z A P e n s k i @ u s d a

2. BIRTH DATE: (b) [REDACTED] 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: ☒ Initial Certificate ☐ Renewal/Recertification ☐ Replacement (Lost Card)

5. APPLICATOR TYPE: ☒ Commercial Applicator ☐ Private Applicator

6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID

Applicator Number:

43264

Expiration Date:

1 2 3 1 1 5
 M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV/LC

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation. ☐

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE:

Lee Czapski

DATE SIGNED:

3/19/14

(FOR OFFICE USE:)

REC:

APP:

INIT:

SENT:

RECEIVED

2014345-4

2014346-6

SIGNATURE

LEE CZAPENSKI

BEARER IS LICENSED IN ACCORDANCE WITH PROVISIONS OF TITLE 22, CHAPTER 24, IDAHO CODE AND IS ENTITLED TO WORK WITH THE CLASSIFICATION AS INDICATED. CARDS MUST BE ENCLOSED WITH THE LICENSE. IDAHO STATE DEPARTMENT OF AGRICULTURE

STATE OF
IDAHO

LEE CZAPENSKI
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 43264, EXPIRES 12/15





United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.)

FIRST NAME

MI

J	O	H	N	S	O	N										J	E	R	E	M	Y							S
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MAILING ADDRESS

(b) (6)

CITY

STATE

ZIP

(b) (6)

AREA CODE

TELEPHONE

COUNTY

OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

J	E	R	E	M	Y	.	S	.	J	O	H	N	S	O	N	@	U	S	E	A	.	G	O	V	.	G	O	W
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2. BIRTH DATE:

(b) (6)

3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE:

☒ Initial Certificate☐ Renewal/Recertification☐ Replacement (Lost Card)

5. APPLICATOR TYPE:

☒ Commercial Applicator☐ Private Applicator

6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable):

ID

Applicator Number:

50210

Expiration Date:

1	2		1	5		1	5
M	M	-	D	D	-	Y	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GVb. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

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SIGNATURE:

(FOR OFFICE USE:)

DATE SIGNED:

3/19/14

REC:

APP:

INIT:

SENT:

JEREMY S JOHNSON
PROFESSIONAL APPLICATOR
CATEGORIES GV
LICENSE 50210, EXPIRES 12/15

IDAHO



Jeremy Johnson
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED. CARDS MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6

United States Government



SEP2014

USDA

Affiliation
Employee
Agency/Department
Department of
Agriculture

Expires
2014SEP29

JOHNSON,
JEREMY S.



Emergency Response Official



United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.)

FIRST NAME

MI

Jones Gre W

MAILING ADDRESS

(b) (6)

CITY

STATE

ZIP

(b) (6)

AREA CODE

TELEPHONE

COUNTY

OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

(b) (6)

2. BIRTH DATE:

(b) (6)

3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE:



Initial Certificate



Renewal/Recertification



Replacement (Lost Card)

5. APPLICATOR TYPE:



Commercial Applicator



Private Applicator

6. CERTIFICATION METHOD:

a.



Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable):

OR

Applicator Number:

AG-20138514 PPA

Expiration Date:

1 2 3 1 1 6
M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): 935, 820

b.



Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

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SIGNATURE:

Gregory W Jones

DATE SIGNED: 3-19-20

(FOR OFFICE USE:)

REC:

APP:

INIT:

SENT:

Mr. Jones did not mean to check this box. His certifi- has not been sus- or revoked in 4 years. 15 April 2020

Public Pesticide Applicator

Certification Period: 01/01/2012 thru 12/31/2016

Lic: AG-L0138514PPA Expires: 12/31/2014

Name: GREGORY W JONES

Address: USDA APHIS WILDLIFE SERV
6135 NE 80TH AVE, SUITE A-8
PORTLAND OR 97218

Categories: 735-820

License Categor 2014346-6 2014345-4

720 - Marine Fouling Organism	780 - Right of Way
731 - Agriculture Insecticide & Fungicide	791 - IIHS General Pests
732 - Agriculture Herbicide	792 - IIHS Structural Pests
733 - Agriculture Soil Fumigation	793 - IIHS Space Fumigation
734 - Agriculture Livestock Pests	794 - IIHS Moss Control
735 - Agriculture Vertebrate Pests	795 - IIHS Wood Treatment
736 - Agriculture Soil Fumigation II	801 - Orn & Turf Insecticide & Fungicide
740 - Aquatic	802 - Orn & Turf Herbicide
750 - Demonstration & Research	810 - Seed Treatment
760 - Forest	820 - Regulatory Predator
770 - Public Health	830 - Regulatory Weed



United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.)

FIRST NAME

MI

K	O	C	H	E	R	H	A	N	S											S	A	M	U	E	L											F
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MAILING ADDRESS

(b) (6)	(b) (6)																		
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CITY

STATE

ZIP

(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)										
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AREA CODE

TELEPHONE

COUNTY

OFFICE USE

(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)										
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EMAIL ADDRESS (optional)

S	A	M	U	E	L	@	F	.	K	O	C	H	E	R	H	A	N	S	.	A	P	H	I	S	.	U	S	D	A	.	G	O	V
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2. BIRTH DATE:

(b) (6)

3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE:



Initial Certificate



Renewal/Recertification



Replacement (Lost Card)

5. APPLICATOR TYPE:



Commercial Applicator



Private Applicator

6. CERTIFICATION METHOD:

a.



Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable):

ID

Applicator Number:

28970

Expiration Date:

1	2		3	1		1	5
M	M	-	D	D	-	Y	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)):

GV LC

b.



Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

Sam Kocherhans

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation. ☐

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE:

Sam Kocherhans

DATE SIGNED: 3-19-14

(FOR OFFICE USE:)

REC:

APP:

INIT:

SENT:



IDAHO
SAM KOCHERHANS
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 28970, EXPIRES 12/15



Sam Kocherhans
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF THE IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED. CARGES MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6



LAST NAME (+ Jr, Sr, II, III etc.)										FIRST NAME						MI
K	R	I	W	O	X					A	T	H	A		J	

(b) (6) [REDACTED]

CITY STATE ZIP
(b) (6) [REDACTED] [REDACTED] [REDACTED]

[illegible]

atha.j.kriwox@aphis.usda.gov

2. BIRTH DATE: [REDACTED] (6) 3. FEDERAL APPLICATOR ID # (if renewal): 41434

5. APPLICATOR TYPE: ☒ Commercial Applicator ☐ Private Applicator

State (if applicable):

I	D
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Applicator Number:

12 31 15

Expiration Date:

		-	D	D	-		
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Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV LC

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

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3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
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SIGNATURE: Chae Krusey
(FOR OFFICE USE:)

DATE SIGNED: 3-19-14

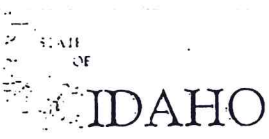
REC:

APP:

INIT:

SENT:

George



ATHA KRIWOX
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 41435, EXPIRES 12/15



Atha Kriwox
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED ON THIS LICENSE. THIS LICENSE IS VALID
AS LONG AS THE BEARER MAINTAINS THE REQUIREMENTS OF THE
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6



LAST NAME (+ Jr, Sr, II, III etc.)										FIRST NAME						MI
R	O	B	I	N	S	O	N			S	H	A	N	E		L

[illegible]

CITY	STATE	ZIP
(b) (6)		

AREA CODE	TELEPHONE	COUNTY	OFFICE USE
(b) (6)			

Shane.L.Robinson@aphis.usda.gov

2. BIRTH DATE:	(b) (6)	3. FEDERAL APPLICATOR ID # (if renewal):	32477
	M M D D Y Y		

4. CERTIFICATION TYPE: ☒ Initial Certificate ☐ Renewal/Recertification ☐ Replacement (Lost Card)

5. APPLICATOR TYPE: ☒ Commercial Applicator ☐ Private Applicator

6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID

Applicator Number: 32417

Expiration Date:

1	2		3	1		1	4
M	M	-	D	D	-	Y	Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV/IC

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

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3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

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SIGNATURE: Shane Robinson
(FOR OFFICE USE:)

DATE SIGNED: 3-19-14

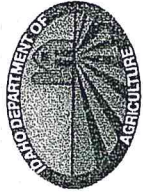
REC:

APP:

INIT:

SENT:

Attn: George



STATE OF IDAHO

SHANE ROBINSON
PROFESSIONAL APPLICATOR
CATEGORIES GV/LC
LICENSE 32417, EXPIRES 12/14



Shane Robinson
SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED. CARDS MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2013366-1
2013559-3
2014345-4
2014346-6

RECEIVED

NOV 14 2014

WS



LAST NAME (+ Jr, Sr, II, III etc.)										FIRST NAME						MIDDLE
S	I	M	O	N	S	O	N			E	R	I	C	L		

(b) (6) [REDACTED]

(b) (6)

[illegible]

eric.l.clmonsone@aphis.usda.gov

~~43519~~☐ Replacement (Lost Card)

- Private Applicator

~~43519~~ 43519

2	3	4
M	M	-
D	D	-
Y	Y	

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV LC

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

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SIGNATURE: End Xian
(FOR OFFICE USE:)

DATE SIGNED: 3-19-14

REC:

APP:

INIT:

SENT:



IDAHO

ERIC L SIMONSON
PROFESSIONAL APPLICATOR
CATEGORIES GV LC
LICENSE 43519, EXPIRES 12/14



SIGNATURE

THIS PERSON IS LICENSED IN ADDRESS
AND IS ENTITLED TO THE SAME
AS INDICATED. CARDS MUST BE EXCHANGED
WITHIN 30 DAYS OF ADDRESS CHANGE.
IDAHO STATE DEPARTMENT OF TRANSPORTATION

2013306-1

2014345-4

2014346-6



United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI
 S U L L I V A N T O D D L

MAILING ADDRESS

(b) (6)

CITY STATE ZIP
 (b) (6)

(b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

todd.l.sullivan@aphis.usda.gov

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal): 54012414

4. CERTIFICATION TYPE: ☒ Initial Certificate ☐ Renewal/Recertification ☐ Replacement (Lost Card)

5. APPLICATOR TYPE: ☒ Commercial Applicator ☐ Private Applicator

6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID Applicator Number: 50211

Expiration Date: 12 - 01 - 14
 M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
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SIGNATURE: [Signature]
 (FOR OFFICE USE:)

DATE SIGNED: 3/19/14

REC:

APP:

INIT:

SENT:

SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH THE RULES OF THE BOARD OF AGRICULTURE
AND IS LIMITED TO THE CATEGORIES AND EXPIRATION DATE
AS INDICATED. CARDS MUST BE PRESENTED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2013366-1

2013066-14

#50219

11-14-13

2014345-4

2014346-6



IDAHO

TODD L SULLIVAN
PROFESSIONAL APPLICATOR
CATEGORIES GV
LICENSE 50211, EXPIRES 12/14





United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI
 W I L S O N C O D Y A

MAILING ADDRESS
 (b) (6)

CITY STATE ZIP
 (b) (6)

AREA CODE TELEPHONE COUNTRY OFFICE USE
 (b) (6)

EMAIL ADDRESS (optional)
 C O D Y , A . W I L S O N @ A P H I S . U S D A . G O V

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE: ☒ Initial Certificate ☐ Renewal/Recertification ☐ Replacement (Lost Card)

5. APPLICATOR TYPE: ☒ Commercial Applicator ☐ Private Applicator

6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID

Applicator Number:

54436

Expiration Date:

1 2 3 1 1 4
 M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

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7. PLEASE SIGN HERE

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation. ☐

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: Cody Wilson
 (FOR OFFICE USE:)

DATE SIGNED: 3-19-14

REC:

APP:

INIT:

SENT:

Attn: George Graves

IDAHO



CODY A WILSON
PROFESSIONAL APPLICATOR
CATEGORIES GV
LICENSE 54436, EXPIRES 12/14



2014345-4
2014346-6

2014345-4
2014346-6

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 24, IDAHO CODE
AND IS ENTITLED TO THE STATUS INDICATED AS
INDICATED. CARDS MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

SIGNATURE

[Handwritten Signature]